

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
PROPERTY & CASUALTY DIVISION
MEDICAL PROFESSIONAL LIABILITY INSURANCE
ANNUAL CALL FOR DATA

COMPANY NAME _____ NAIC Co. # _____ DATE: _____

GROUP NAME _____ NAIC Grp # _____

Contact Person: _____ Telephone # _____
Title _____ FAX # _____
Address: _____

Internet Address: _____

CALENDAR YEAR EXPERIENCE - Kentucky Only

Year	(1) Direct Premiums Written	(2) Direct Premiums Earned	(3) Direct Losses Incurred (Incl. LAE)	(4) Loss Ratio
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
5-yr Total	_____	_____	_____	_____

EXPENSE PROVISIONS (w.r.t. written premiums)
Latest Year

Commissions	_____	%
Other Acquisition Expense	_____	%
General Expense	_____	%
Taxes, licenses & fees	_____	%
Sub-total expenses	_____	%
Profit Load (offset for inv. income)	_____	%
Total-All expenses	_____	%

Complete & return to: Property & Casualty Division,
Kentucky Department of Insurance, 215 West Main Street, P.O. Box 517, Frankfort, KY 40602-0517.
Questions may be directed to the Property & Casualty Division at (502) 564-6046.

Reports must be completed and returned by March 1st each year.